Module 13A Simulation Completing a Tax Return Using Head of Household Filing Status

In this simulation, you will take on the role of Madison R. Mailey in order to learn how to complete a tax return using Head of Household filing status.

January 1 December 31 January 1 Your Filing Season
April 15

You are single. You have a child, Robyn, age 7. You live in the United States. You and Robyn are citizens of the United States.

April 15

Your Tax Year
January 1 December 31 January 1

You are a caterer. Robyn lived with you during the entire tax year in the family home. No one except Robyn depends on you for income or support. No one else can claim you as a dependent. While you are at work, Robyn stays at the Anytown Daycare Center, tax identification number 10-0124578. You meet all the qualifications to claim Head of Household filing status.

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Robyn did not have any income for the year. You provided all of the support for Robyn. You provided all of the costs to maintain the family home. During the tax year, you paid \$2,365 for daycare for Robyn while you were at work. You did not receive dependent care assistance from your employer.

To review your personal information, click My Profile below.



My Profile

Name: Madison R. Mailey

Employment: Caterer

Marital status: Single

Spouse's name (if any): N/A

Children: Robyn, age 7

U.S. citizen: Yes

Other: Robyn lived with you during the entire tax year in the family home. No one except Robyn depends on you for income or support. No one else can claim you as a dependent. While you are at work, Robyn stays at the Anytown Daycare Center, tax identification number 10-0124578. You meet all the qualifications to claim Head of Household filing status. Robyn did not have any income for the year. You provided all of the support for Robyn. You provided all of the costs to maintain the family home. During the tax year, you paid \$2365.00 for daycare for Robyn while you were at work. You did not receive dependent care assistance from your employer.

January 1 December 31 January 1 April 15

It's the end of the tax year. You receive your W-2 from your employer. You earned \$45,216 from your job.

Note: Your employer is required to send your W-2 by January 31!

To review your Form W-2, click My Form W-2 below.



		a Employee's social security number	OMB No. 154	15-0008	Safe, accurate, FAST! Use	?≁file	Visit the IRS websi	
b	Employer identification number	(EIN)	1 Wa	al income tax withheld				
С	Employer's name, address, and	ZIP code	3 Soc	I security tax withheld				
				5 Me	dicare wages and tips	6 Media	care tax withheld	
				7 Soc	cial security tips	8 Alloca	ated tips	
d	Control number			9 Adv	vance EIC payment	10 Depe	ndent care benefits	
е	Employee's first name and initia	al Last name	Suff.		nqualified plans	12a See in	nstructions for box 12	
				13 Statuto employ	ry Retirement Third-party ee plan sick pay	12b C C d e		
				14 Oth	ner	12c		
						12d		
f	Employee's address and ZIP co	ode						
15	State Employer's state ID nun	nber 16 State wages, tips, etc.	17 State incom	ne tax	18 Local wages, tips, etc.	19 Local inco	ome tax 20 Locality i	name
	1							

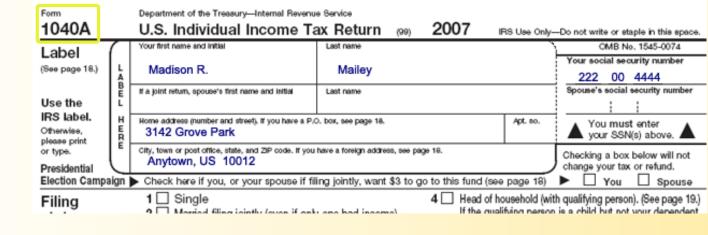
Form **W-2** Wage and Tax Statement

2007

Department of the Treasury-Internal Revenue Service

January 1 December 31 January 1 April 15

You have everything you need to file your taxes. You will be using Form 1040A based on your filing status.





January 1

Pecember 31

January 1

Pecember 31

January 1

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Are the Dependency Tests Met for Robyn Mailey?

Dependent Taxpayer Test	yes	no	
Joint Return Test	yes	no	
Citizenship or Resident Test	yes	no	
Relationship Test	yes	no	
Age Test	yes	no	
Residency Test	yes	no	
Support Test	yes	no	
Special Test for Qualifying Child of More Than One Person	yes	no	does not apply

Can you claim Robyn as a dependent on your tax return?

yes no



Your Tax Year
January 1

December 31 January 1

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Well done!

Robyn meets the Dependent Taxpayer Test — she is not claiming another person.

Robyn meets the Joint Return Test — she has no income and will not file a tax return this year.

Robyn meets the Citizen or Resident Test — she is a United States citizen.

Robyn meets the Relationship Test — she is your daughter.

Robyn meets the Age Test — Robyn is 7.

Robyn meets the Residency Test — Robyn lived with you all year.

Robyn meets the Support Test — you provided all of Robyn's support.

Special Test for Qualifying Child of More Than One Person does not apply to Robyn—she is not the qualifying child of another person.

All of the tests are met. You can claim Robyn as a dependent on your tax return.





Did you pay a person or an organization to provide care for your child or children under age 13?

yes no

If yes, do you claim your child or children as dependents on your tax return?

yes no

If yes, you have at least one qualifying person.



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Did you pay a person or an organization to provide care for a person, other than a child, who is physically or mentally incapable of self-care?

yes no

If yes, is the person claimed as a dependent on your tax return?

yes no

If yes, you have at least one qualifying person.

If no, could you claim the person as a dependent if his or her gross income was less than the exemption amount?

yes no

If yes, you have at least one qualifying person.

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15

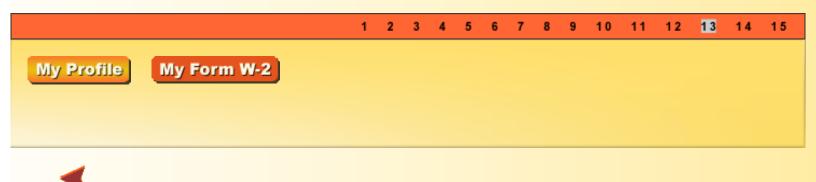
My Profile My Form W-2



Did you pay a person or an organization to provide care for your spouse who is incapable of self-care?

yes no

If yes, you have at least one qualifying person.

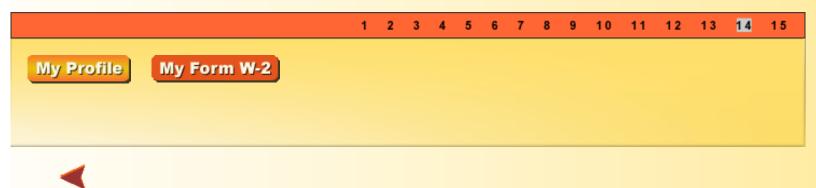




Enter the name of a qualifying person for whom care was provided (for example, Bob Smith):

Enter the amount of qualifying expenses paid exactly as it appears in your profile:

\$





Did you maintain a home that was also the home of a qualifying person?

yes no

If no, you cannot claim the credit for child and dependent care expenses.

Did you pay a person, not an organization, to provide care for a qualifying person?

yes no

Can you claim the care provider as a dependent on your tax return?

yes no

If yes, you cannot claim the credit for child and dependent care expenses.





Did you pay an organization to provide care for a qualifying person?

yes no

If yes, enter the following information:

Provider's name exactly as it appears in your profile:

Provider's tax identification number exactly as it appears in your profile:





Did you receive any dependent care assistance from your employer?

yes no

15 16 **17** 18 19 20 21 22 23 24 25 26 27

My Profile My Form W-2

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Use Form W-2 to enter your salary on Form 1040A. Enter your salary exactly as it appears on your W-2.

Enter salary: \$

1040A		U.S. Individual Income 1			n (99)	2007	RS Use Only-	_Do not wri	te or staple in this s	pace.		
Label	7	Your first name and initial	Last no	me	(/		,		OMB No. 1545-0074	<u> </u>		
	١,							Your so	Your social security number			
(See page 18.)	Å	Madison R.	Mali	өу				222	00 44	44		
	E	If a joint return, apouse's first name and initial	Last no	me				Spouse's	social security num	ber		
Jse the RS label.	١.							l				
otherwise.	H	Home address (number and street). If you have a f	7.0. box, ee	e bade	16.		Apt. no.		u must enter	•		
olease print	P	3142 Grove Park						your SSN(s) above.				
or type.	1-	City, town or post office, state, and ZIP code. If yo	u have a for	wign ad	dress, see pag	pe 18.			a box below will i	not		
Presidential	_	Anytown, US 10012	auee le b	the error		a da dela dua di tara			our tax or refund.			
	aign	Check here if you, or your spouse if	niing joir	uy, wa	ant \$3 to g				You Spot			
Filing		1 Single							person). (See pag			
status		2 Married filing jointly (even if or					rying person child's name		but not your depen	ioeni,		
Check only one box.		3 Married filing separately. Enter full name here. ►	r sbonze.	8 551	above an				ent child (see page	20		
Fuermetic		6a ☑ Yourself. If someone	can cla	lma v	011 20 2 7				Boxes	- 209		
Exemptio	ns	box 6a.	can cia	mii y	ou as a t	ependent, do	HOL CHEC	^	checked on 6a and 6b	- 1		
		b 🗆 Spouse						ſ	No. of children			
		c Dependents:				(3) Dependen	t's (4).√if	qualifying	on 60 who:			
		-			ent's social number	relationship t	~ child	för child redit (see	 Ived with you 	_1		
If more than six		(1) First name Last name	30	you po				ge 21)	did not live			
dependents,		Robyn M. Mailey	222	00	2222	daughter		~	with you due to divorce or			
see page 21.				<u>: </u>	<u> </u>				separation			
				<u>: </u>	<u> </u>				(see page 22)			
				_				Н—	Dependents on 6c not			
								 	entered above			
					1	C.			Add numbers	2		
		d Total number of exemption	ns clair	ned.					on lines above ►	Ë		
Income		7 Wages, salaries, tips, etc. Attach Form(s) W-2.										
Attach					-					П		
		8a Taxable Interest. Attach						8a				
Form(s) W-2		b Tax-exempt interest. Do not include on line 8a. 8b										
Form(s) W-2 here. Also attach												
Form(s) W-2 here. Also attach Form(s)		9a Ordinary dividends. Attach	Sched	ile 1		d.		9a				
Form(s) W-2 here. Also attach			Schedu page 25	ile 1	If require			9a 10		┝		

Hint: See Box 1 on your Form W-2.

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Use your Form W-2 to enter your federal tax withheld on your Form 1040A. Enter your tax withheld exactly as it appears on your W-2.

Enter federal tax withheld: \$

1040A		U.S. Individual I			ıırn	(00)	2007	100.11	0-1	D		
		Your first name and initial	noonie n	Lest nam		(00)	2001	ino u	Se Crity	-00 HOLWI	rite or staple in this OMB No. 1545-007	_
Label	١.								ì	Your so	cial security numb	gr
(See page 18.)	A B	Madison R.		Maller	v					222	100 1 44	144
	B	If a joint return, apouse's first nam	ne and initial	Lest nam					=		s social security nu	
Use the	ī								i		1 1	
IRS label.	н	Home address (number and stree	ri). If you have a P.	P.O. box, see page 16. Apt. no.					▲ You must enter			
Otherwise, please print	R	3142 Grove Park							i	A yo	our SSN(s) above.	\blacksquare
or type.	E	City, town or poet office, state, as	nd ZIP code. Fycu	have a foreig	gn addre	ня, гее рад	e 18.			Checkin	g a box below will	not
Presidential		Anytown, US 10012									your tax or refund.	
Election Campa	ign	► Check here If you, or yo	our spouse if fil	ling jointly	, want	\$3 to go	to this fund (s	ee pag	e 18)	▶ □	You Spo	use
Filing		1 Single					4 Head of	househ	nold (witt	qualifyin	g person). (See pa	ge 19.
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Check only		3 Married filing sep						s child'	's name t	nere.►_		
one box.		full name here. >					5 Qualityin	g wido	w(er) wt	h depend	ient child (see pag	e 20)
Exemption	ns		someone o ox 6a.	an clain	n you	ıasao	lependent, d	o not	t checi	` }	Boxes checked on 6a and 6b	1
		b 🗆 Spouse								J	. No. of children	
		c Dependents:		/// Don	ondoni	te coolei	(3) Depende			qualifying for child		
		(4) Elect come	last same	security number relationship to tax or				edit (see	 Eved with you 	_1		
If more than six		(1)	Last name				you			je 21)	did not live	
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see page 21.				i	<u>i</u> _						separation	
				i	i_						(see page 22)	_
				<u> </u>							Dependents on 6c not	
										_	entered above	_
		d Total number o	f exemption	ns claim	ed.		- 1				Add numbers on lines above	2
Income		7 Wages, salarie	s, tips, etc.	Attach I	Form	(s) W-2	0			7	4521	S
Attach Form(s) W-2									+			
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Form(s)		9a Ordinary divider	nds. Attach	8cheduli	e 1 If	require	d.	$\overline{}$		9a		
1099-R if tax		b Qualified divide	ends (see pa	age 25).	_		9b		\neg			\top
was withheld	l.	10 Capital gain di	etitlis itliane /	200 090	10.251			_		10		1

Hint: See Box 2 on your Form W-2.



Since you have no other sources of income, you have completed your tax return. All that's left to do is review your return.

To review your return, click My Tax Form below.



1040A		U.S	. Individual Income Ta	ax Return	(99)	2007	IRS U	se Only-	-Do n	ot write	e or staple in this sp	oace.
Label (\Box	Your fire	st name and initial	Last name				ì		О	MB No. 1545-0074	
(See page 18.)	L								Yo	ur soc	ial security number	r
	A B								_		<u> </u>	
Use the	E	It a join	t return, spouse's first name and initial	Last name					Spo	ouse's	social security numl	ber
IRS label.	н	Home a	address (number and street). If you have a P.0	O hox see page 18	<u> </u>		Δn	t. no.	_		<u> </u>	
Otherwise,	E R	Tiomic c	idaloss (namber and street). If you have a ris	o. 50x, 500 page 10	•		Ap	. 110.			ı must enter r SSN(s) above. 🛭	
please print or type.	Ë	City, to	wn or post office, state, and ZIP code. If you	have a foreign add	ess, see pag	je 18.		i	Cho		a box below will n	
Presidential	\sqcup										our tax or refund.	iot
Election Campai	gn 🕽	► Che	ck here if you, or your spouse if fil	ling jointly, war	it \$3 to go	to this fund (s	ee pag	je 18)	<u> </u>		You 🗌 Spou	se
Filing		1 🛚	Single								person). (See page	
status		2	Married filing jointly (even if only	•	,	1 1 - 1 - 1 - 1 - 1 - 1 - 1 -					ut not your depend	dent,
Check only one box.		3 ∟	Married filing separately. Enter	spouse's SSN	above and	enter thi					nt child (see page	20)
			full name here. ►	an alaina va				. ,		pende	Boxes	20)
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		b						,		J	No. of children	
		С	Dependents:	(0) Dependen	t'a agaigl	(3) Depende	nt's	(4) √if			on 6c who:	
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If more than six			(1) First name Last name			you		pa	ge 21)	• did not live	
dependents, see page 21.				1 1					<u> </u>		with you due to divorce or	
											separation (see page 22)	
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Form(s) W-2 here. Also		8a	Taxable interest. Attach So	chedule 1 if	require	d.				8a		
attach			Tax-exempt interest. Do n			8b						
Form(s)		9a										
1099-R if tax was withheld.			Qualified dividends (see pa		• \	9b	_					
		10	Capital gain distributions (see page 25	0).	data Tarreta				10		
If you did not get a W-2, see			IRA distributions. 11a			11b Taxab (see p				11b		
page 24.		12a	Pensions and			12b Taxab				110		
Enclose, but do			annuities. 12a			(see p				12b		
not attach, any payment.												
		13	Unemployment compensa	tion and Ala	ska Per	manent Fund	d divi	dends		13		
		14a	Social security			14b Taxab						
			benefits. 14a			(see p	age 2	28).		14b		
		15	Add lines 7 through 14b (fai	r riaht colum	n). This	is vour total i	incon	ne.		15		
Adjusted					,.	, , , , , , , , , , , , , , , , , , , ,				10		
gross		16	Educator expenses (see pa	age 28).		16						
income		17	IRA deduction (see page 28). 17									
		18	Student loan interest dedu	iction (see p	age 31)	. 18						
		10	Tuition and face deduction	Λ++ο-b Γ-:	0017	10						
		19 20	Tuition and fees deduction Add lines 16 through 19. T				·e			20		
		20	Add iiiles 10 tillough 19. I	inese ale yo	rai total	aujusunem				<u> </u>		
		21	Subtract line 20 from line	15. This is y	our adj i	usted gross	inco	me.		21		

Department of the Treasury-Internal Revenue Service

Form

Form 1040A	(2007)			Page 2
Tax,	22	Enter the amount from line 21 (adjusted gross income).	22	
credits,				
and	23 a		Total boxes	
payments			checked ► 23a	
Standard	b	If you are married filing separately and your spous		
Deduction		deductions, see page 32 and check here	▶ 23b ∐	1
for—	24	Enter your standard deduction (see left margin).	24	
 People who checked any 	25	Subtract line 24 from line 22. If line 24 is more than line If line 22 is \$117,300 or less, multiply \$3,400 by the total		
box on line	26	claimed on line 6d. If line 22 is over \$117,300, see the wo		
23a or 23b or who can be	27	Subtract line 26 from line 25. If line 26 is more than line		
claimed as a	21	This is your taxable income.	≥ 27	
dependent, see page 32.	28	Tax, including any alternative minimum tax (see page 3		
All others:	29	Credit for child and dependent care expenses.		
Single or				
Married filing separately,	30	Credit for the elderly or the disabled. Attach		
\$5,350		Schedule 3.)	
Married filing	31	Education credits. Attach Form 8863.	1	
jointly or Qualifying	32	Child tax credit (see page 37). Attach		
widow(er),		Form 8901 if required.	2	
\$10,700	33	Retirement savings contributions credit. Attach		
Head of household,		Form 8880. 3		ı
\$7,850	34	Add lines 29 through 33. These are your total credits.	34	
	35 36	Subtract line 34 from line 28. If line 34 is more than line 2	•	
	37	Advance earned income credit payments from Form(s) Add lines 35 and 36. This is your total tax.	<i>N</i> -2, box 9. 36 ► 37	
	38	Federal income tax withheld from Forms W-2 and 1099.		
	39	2007 estimated tax payments and amount	,	
If you have	09	applied from 2006 return.		
a qualifying l	40a	, ,	Da .	
child, attach Schedule	b	Nontaxable combat pay election. 40b		
EIC.	41	Additional child tax credit. Attach Form 8812. 4	1	
	42	Add lines 38, 39, 40a, and 41. These are your total pay	ments. ► 42	
Refund	43	If line 42 is more than line 37, subtract line 37 from line		
		This is the amount you overpaid.	43	
Direct deposit?	44a	Amount of line 43 you want refunded to you. If Form 8888 is at	ached, check here ► ☐ 44a	
See page 53 and fill in	▶ b	Routing number ▶ c Type: ☐ Check	ng 🗌 Savings	
44b, 44c,	▶ d	Account Account		
and 44d or Form 8888.		number		
	45	Amount of line 43 you want applied to your	_	
			5	1
Amount	46	Amount you owe. Subtract line 42 from line 37. For de		
you owe	47	to pay, see page 54. Estimated tax penalty (see page 54).	<u>▶ 46</u>	
		To you want to allow another person to discuss this return with the IR		owina. No
Third party		,		Jwingito
designee		lesignee's Phone ame ► no. ► ()	Personal identification number (PIN)	
Sign	ι	Inder penalties of perjury, I declare that I have examined this return and accompa	nying schedules and statements, and to the best	of my
here		nowledge and belief, they are true, correct, and accurately list all amounts and sou f preparer (other than the taxpayer) is based on all information of which the pre		ration
Joint return?	Y	our signature Date Your of	ccupation Daytime phor	ie number
See page 18. Keep a copy	_		()	
for your records.	5	spouse's signature. If a joint return, both must sign. Date Spouse	s occupation	
i	<u>′</u>	Preparer's Date	Preparer's SSN	or PTIN
Paid		ignature	Check if self-employed	
preparer's		irm's name (or	EIN	
use only		ours if self-employed),	Phone no. ()	



Based on your completed tax return, enter your tax for the year. Enter the tax exactly as it appears on your 1040A.

Enter tax: \$

Hint: See Line 28 on Form 1040A.



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Correct! Your tax is \$4,194.00.

Enter your credit for child and dependent care expenses exactly as it appears on your tax return:

\$

The child tax credit is not covered in this lesson, but you are eligible to claim the child tax credit, which is \$1,000 for each qualifying child under age 17.

Enter your child tax credit (for example, 2000.00):

\$

Hint: See Lines 29 and 32 on Form 1040A.



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That's right! Your credit for child and dependent care expenses is \$473.00. Your child tax credit is \$1,000.00.

Enter your total tax exactly as it appears on your 1040A:

\$

How did the credits affect the total tax?

They increased the total tax.

They decreased the total tax.

They did not affect the total tax.

Hint: See Line 37 on Form 1040A.



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That's right! Your total tax is \$2,721.00. The tax credits decreased your tax from \$4,139.00 to \$2,721.00.

Are you getting a refund or do you owe more tax?

Refund

Owe more taxes

Hint: See Line 44a on Form 1040A.

21 24 25 15 16 17 18 19 20 22 23 26 27 My Form W-2 My Tax Form My Profile

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Yes! Line 44a on your Form 1040A shows that your refund is \$1,214. Lines 44b, c, and d indicate that your refund will be directly deposited into your checking account.

Now you are ready to e-file your tax return with the IRS. Click the e-file button below to continue.



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If you were actually filing your taxes online, the last step would be signing the return. You can submit your signature by actually signing Form 8453 and sending it to the IRS, or by using Self-Select PIN (Personal Identification Number) if you are eligible.

The Self-Select PIN is made up of any five numbers (except all zeros) that you choose to enter as your electronic signature. You select your PIN by providing your adjusted gross income from your previous year's tax return for verification purposes. Depending on the version of the software you are using, you may be asked to provide your date of birth in addition to your adjusted gross income.

Signing your return using Self-Select PIN is the simplest and fastest way to submit your signature. You do not need to mail in a paper signature, and you receive an immediate acknowledgement that your tax return was received.

Learn more about self-selecting a PIN by visiting the <u>IRS Web site</u>.

Now click the forward arrow below to finish filing Madison's return.



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Congratulations, Madison! You've successfully filed your return by the tax filing deadline.

15 16 17 18 19 20 21 22 23 24 25 26 27